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Atty Docket No. 022041-000600US

PTO FAX NO.: (703) 872-9306

ATTENTION: Examiner Mary K. Zeman

Group Art Unit 1631

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**FOR THE PERSONAL ATTENTION OF**  
**EXAMINER Mary K. Zeman**

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following documents in re Application of Mark G. Erlander, et al. ,  
Application No. 10/028,018, filed December 21, 2001 for BREAST CANCER PROGRESSION  
SIGNATURES are being facsimile transmitted to the Patent and Trademark Office on the date  
shown below.

Documents Attached

1. Transmittal Form (1 pg.)
2. Petition For Extension of Time (1 pg., 1 dup.)
3. Notice of Appeal (1 pg., 1 dup.)

Number of pages being transmitted, including this page: 6

Dated: May 13, 2005

  
Pamela Skelton

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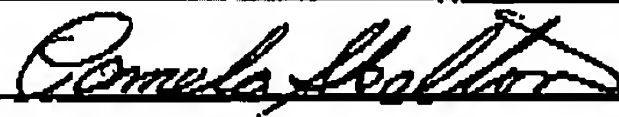
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PTO/SB/21 (09-04)

<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/028,018	
	Filing Date	December 21, 2001	
	First Named Inventor	Erlander, Mark G.	
	Art Unit	1631	
	Examiner Name	Mary K. Zeman	
Total Number of Pages in This Submission	5	Attorney Docket Number	022041-000600US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Kawai Lau		
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